

9-27-04 41 2126/14

PATENT
Appl. No. 09/517,018
Attorney Docket No. 450100-02393

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Hideaki OKAMURA

Appl. No. : 09/517,018

Filed : March 2, 2000

For : DATA PROCESSING APPARATUS, DATA PROCESSING
METHOD, AND PROGRAM PROVIDING MEDIUM

Art Unit : 2126

Examiner : TRUONG, Lechi

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SEP 30 2004

Technology Center 2100

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New York, New York 10151

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Date of Deposit: September 23, 2004

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Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Chiaki Kokka

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of March 25, 2004, please amend the above-identified
application as follows:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Hideaki OKAMURA

Appl. No. : 09/517,018

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Technology Center 2100

MAIL STOP AMENDMENT
COMMISSIONER FOR PATENTS
ALEXANDRIA, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
- ☒ The fee has been calculated as shown below.
- ☐ This is an application of a small entity under 37 CFR 1.9(f).

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number of claims previously paid for*	(5)	(6) Extra claims	(7)	(8) Rate	(9)	(10) Additional fee
Total Claims	4	-	38	=	0	x	\$18(\$9)	=	\$0.00
Independent Claims	2	-	6	=	0	x	\$86(\$43)	=	\$0.00
Total Fee for additional claims									\$0.00

* If the highest number of total claims previously paid for is less than 20, write "20" in this space. If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

** If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

- ☒ A fee of **\$950.00** is due to cover:
- ☐ additional claims,
- ☐ multiple dependent claim(s),
- ☒ an extension of time. This response is being filed within three month(s) following the expiration of the term originally set therefor. This is a petition to request a **three-month** extension of time.
- This fee is to be paid by:
- ☒ an enclosed check in the amount of **\$950.00**.
- ☐ charging **\$00.00** to Deposit Account No. 50-0320.
- ☐ This application contains a multiple dependent claim. The required fee of \$290(\$145) has been previously paid ☐, or is paid herewith ☐.
- ☒ Please charge any additional fees incurred by this response or credit any overpayment to Deposit Account No. 50-0320.

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Date of Deposit: September 23, 2004

FROMMER LAWRENCE & HAUG, LLP
Attorneys for Applicant(s)

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By: William S. Frommer
Reg. No. 25,506
Tel. (212) 588-0800

Chiaki Kokka

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)